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9/	19/2007 SFELEKE2 0	00000026 190743	09881911		Lynnea M. Fe	M.	700	(Depositor's name) (Signature)	
		.00 DA	( \( \bar{\bar{\bar{\bar{\bar{\bar{\bar{	Septem	bei	14,	2007 (Date)		
1	APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DO	OCKETNO.	CONFIRMATION NO.	
•	09/881,911	06/15/2001		Jeff Taylor		2043.04		8378	
TITLE OF INVENTION: METHOD AND SYSTEM TO IMPLEMENT SELLER AUTHORIZED BUYING PRIVILEGES WITHIN A NETWORK-BASED SHOPPING FACILITY									
1	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTA	L FEE(S) DUE	DATE DUE	
	nonprovisional	NO	\$1400	\$300	\$0		\$1700	09/17/2007	
ļ	EXAMI	NEK	ART UNIT	CLASS-SUBCLASS		_			
•	BASHORE, ALAIN L 1762			705-037000					
	1. Change of corresponder CFR 1.363).  Change of corresponderes form PTO/SB/  "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.	ndence address (or Cha /122) attached. ation (or "Fee Address	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
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Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🔲 Government									
	4a. The following fee(s) at  Sissue Fee  Publication Fee (No	small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form).					
								n extra copy of this form).	
5. Change In Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).									
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	Authorized Signature Mant A. Valuare				Date 9.	13.2007			
	Typed or printed name	Mark R. Vatuo	ne		Registration N	lo	,719 	——————————————————————————————————————	
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